

**Consumer Confidence Report
Certification Form**
(to be submitted with a copy of the CCR)

JUN 29 2015

Water System Name: Santa Margarita Water District

Water System Number: 3010101

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 06/13/2015 (date) to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the State Water Resources Control Board, Division of Drinking Water.

Certified by: Name: Rachel Pasco
Signature: 
Title: Laboratory Supervisor
Phone Number: (949) 459-6674 Date: 06/24/2015

To summarize report delivery used and good-faith efforts taken, please complete the below by checking all items that apply and fill-in where appropriate:

☒ CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: _____

☒ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:

- ☒ Posting the CCR on the Internet at www. http://www.smwd.com
- ☐ Mailing the CCR to postal patrons within the service area (attach zip codes used)
- ☐ Advertising the availability of the CCR in news media (attach copy of press release)
- ☐ Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)
- ☐ Posted the CCR in public places (attach a list of locations)
- ☒ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools
- ☐ Delivery to community organizations (attach a list of organizations)
- ☐ Other (attach a list of other methods used)

☒ For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www. http://www.smwd.com

☐ For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

This form is provided as a convenience and may be used to meet the certification requirement of section 64483(c), California Code of Regulations.

Company Detail	
Company Name	MAIL PROS/MARKETING CONCEPTS 2000
Address	15520 ROCKFIELD BLVD STE A100 IRVINE, CA 92618-2793
Contact Name	DIANE CAPDEVIELLE
Phone Number	(949)380-9500
Profit Indicator	
PS Form 3607R - Mailing Transaction Receipt	
Account Holder Account Number	23614
Account Holder Permit Number	92
Account Holder Permit Type	PI
Account Holder CRID	4399247
Post Office of Permit	SANTA ANA CA 92799-9324
Post Office of Mailing	SANTA ANA CA 92799-9324
Post Office of Permit Cost Center	056936-0100
Post Office of Mailing Cost Center	056936-0100
Mailing Agent Name	MAIL PROS/MARKETING CONCEPTS 2000
Mailing Agent CRID	4399247
Mail Owner Name	SANTA MARGARITA WATER DISTRICT
Mail Owner CRID	2932799
JOB ID	ANPU7PY
Customer Reference ID	SMWD
CAPS Transaction Number	2015061315482700M1
Class of Mail	Standard Mail
Processing Category	Letters
Postage Statement ID	215032060
Mailing Group ID	151023436
Mailer's Mailing Date	06/13/2015
Total Pieces	46,887 pcs.
Weight of a single-piece	0.0375 lbs.
Total Weight	1,758.2625 lbs.
Total Number of Containers	107
Total Adjusted Postage	\$ 8,158.71
Payment Date and Time	06/13/2015 13:48
Payment Transaction Number	201516415482766M1
Adjustment Transaction Number	
Mailer Figures Adjusted?	No
Person authorizing adjustment	
Name	
Phone Number	
Acceptance Site Mailer ID	
Clerk Initials	AGD
Mail Arrival Date and Time	06/13/2015 13:32

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Post Office of Permit Cost Center	056936-0100
Post Office of Mailing Cost Center	056936-0100
Mailing Agent Name	MAIL PROS/MARKETING CONCEPTS 2000
Mailing Agent CRID	4399247
Mail Owner Name	SANTA MARGARITA WATER DISTRICT
Mail Owner CRID	2932799
JOB ID	ANPUJ9L
Customer Reference ID	SMWD
CAPS Transaction Number	2015061619471800M1
Class of Mail	Standard Mail
Processing Category	Letters
Postage Statement ID	215304440
Mailing Group ID	151166408
Mailer's Mailing Date	06/13/2015
Total Pieces	2,235 pcs.
Weight of a single-piece	0.0250 lbs.
Total Weight	55.8750 lbs.
Total Number of Containers	8
Total Adjusted Postage	\$ 574.16
Payment Date and Time	06/16/2015 17:47
Payment Transaction Number	201516719471228M1
Adjustment Transaction Number	
Mailer Figures Adjusted?	No
Person authorizing adjustment	
Name	
Phone Number	
Acceptance Site Mailer ID	
Clerk Initials	SCO
Mail Arrival Date and Time	06/16/2015 16:18